NYRx Drug Class Coverage Overview: Corticosteroid/Beta2 Adrenergic Agent (Long-Acting) Combinations – Inhaled

August 5, 2026

NYRx Preferred Drug List

Drugs in the Corticosteroid-Beta2 Adrenergic Agent (Long-Acting) Combinations – Inhaled drug class are included on the NYRx Preferred Drug List (PDL) and are subject to prior authorization (PA) requirements of the NYRx Preferred Drug Program. When clinically appropriate, use of preferred agents is associated with comparable clinical outcomes and a significantly lower total cost of care. Non-preferred agents are often two to ten times more costly than preferred alternatives.

<table>
<tr><th>Preferred Drugs</th><th>Non-Preferred Drugs</th><th>Coverage Parameters</th></tr>
<tr><td colspan="3">XV. Respiratory</td></tr>
<tr><td colspan="3">Corticosteroid/Beta2 Adrenergic Agent (Long-Acting) Combinations – Inhaled CC, F/Q/D</td></tr>
<tr><td>Advair Diskus® BLTG
Advair HFA® BLTG
Dulera®
Symbicort® BLTG</td><td>Breo Ellipta®
budesonide/formoterol (gen Symbicort)
fluticasone-salmeterol (gen AirDuo™ RespiClick®)
fluticasone-salmeterol (gen Advair Diskus®)
fluticasone-salmeterol (gen Advair HFA™)
fluticasone-vilanterol (gen Breo Ellipta®)</td><td>CLINICAL CRITERIA (CC)
• PA is required for all new long-acting beta agonist prescriptions for patients under FDA- or compendia-supported age as indicated:
<table>
<tr><th colspan="2">FDA / Compendia-Supported Age</th></tr>
<tr><td>Advair Diskus® 100/50 mcg</td><td>≥ 4 years</td></tr>
<tr><td>Advair Diskus® 250/50 mcg, 500/50 mcg</td><td>≥ 12 years</td></tr>
<tr><td>Advair HFA®</td><td>≥ 12 years</td></tr>
<tr><td>Dulera® 50 mcg</td><td>≥ 4 years</td></tr>
<tr><td>Dulera® 100 mcg, 200 mcg</td><td>≥ 12 years</td></tr>
<tr><td>budesonide-formoterol (Symbicort®) 80/4.5 mcg</td><td>≥ 4 years</td></tr>
<tr><td>budesonide-formoterol (Symbicort®) 160/4.5 mcg</td><td>≥ 12 years</td></tr>
<tr><td>fluticasone/vilanterol (Breo Ellipta®) 50/25 mcg</td><td>≥ 5 years</td></tr>
<tr><td>fluticasone/vilanterol (Breo Ellipta®) 100/25 mcg</td><td>≥ 12 years</td></tr>
<tr><td>fluticasone/vilanterol (Breo Ellipta®) 200/25 mcg</td><td>≥ 18 years</td></tr>
</table>
FREQUENCY/QUANTITY/DURATION (F/Q/D)
<table>
<tr><td>Advair Diskus®</td><td rowspan="4">One device every 30 days</td></tr>
<tr><td>Advair HFA®</td></tr>
<tr><td>fluticasone-salmeterol</td></tr>
<tr><td>fluticasone/vilanterol (Breo Ellipta®)</td></tr>
<tr><td>budesonide/formoterol (Symbicort®)</td><td rowspan="2">Up to 8 inhalers every 180 days</td></tr>
<tr><td>Dulera®</td></tr>
</table></td></tr>
</table>

Prior Authorization Requirements

Preferred drugs will not require PA if the required coverage parameters, outlined in the PDL, are found in the member's Medicaid claim history at the time of pharmacy claim submission. Non-preferred drugs will require PA.

Clinical Criteria

Clinical Criteria (CC) requirements outlined in the PDL are as follows:

- PA is required for all new long-acting beta agonist prescriptions for patients under FDA- or compendia-supported age as indicated:

FDA / Compendia-Supported Age	
Advair Diskus® 100/50 mcg	≥ 4 years
Advair Diskus® 250/50 mcg, 500/50 mcg	≥ 12 years
Advair HFA®	≥ 12 years
Dulera® 50 mcg	≥ 4 years
Dulera® 100 mcg, 200 mcg	≥ 12 years
budesonide-formoterol (Symbicort®) 80/4.5 mcg	≥ 4 years
budesonide-formoterol (Symbicort®) 160/4.5 mcg	≥ 12 years
fluticasone/vilanterol (Breo Ellipta®) 50/25 mcg	≥ 5 years
fluticasone/vilanterol (Breo Ellipta®) 100/25 mcg	≥ 12 years
fluticasone/vilanterol (Breo Ellipta®) 200/25 mcg	≥ 18 years

Frequency/Quantity/Duration (F/Q/D)

Drugs in the Corticosteroid-Beta2 Adrenergic Agent (Long-Acting) Combinations – Inhaled drug class are subject to certain F/Q/D requirements:

- Pharmacies must submit claims based on units per day supply as indicated in the charts below and based on the FDA label. Failure to submit the correct days' supply will result in a denied claim.

Advair Diskus®	One device every 30 days
Advair HFA®	
fluticasone-salmeterol	
fluticasone/vilanterol (Breo Ellipta®)	
budesonide/formoterol (Symbicort®)	Up to 8 inhalers every 180 days
Dulera®	

What Pharmacy Providers Need to Do

Pharmacy providers should become familiar with the Corticosteroid-Beta2 Adrenergic Agent (Long-Acting) Combinations – Inhaled coverage criteria in the PDL and incorporate this information when discussing the need for PA with prescribers.

What Prescribers Need to Do

Prescribers should become familiar with the Corticosteroid-Beta2 Adrenergic Agent (Long-Acting) Combinations – Inhaled coverage criteria in the PDL and incorporate this information when prescribing for Medicaid members.

Resources

- NYRx Education & Outreach Website
- NYRx Preferred Drug List
- NYRx Preferred Drug Quick List
- NYRx Prior Authorization Submission Guide

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the NYRx Education & Outreach website for more information.